

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

10/527438

| | | | |
|---|--|--|----------|
| 1 Date of Request: | 2 Serial/Patent # | | |
| 3 Please refund the following fee(s): | | | |
| Filing | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT |
| Amendment | | | \$ |
| Extension of Time | | | \$ |
| Notice of Appeal/Appeal | | | \$ |
| Petition | | | \$ |
| Issue | | | \$ |
| Cert of Correction/Terminal Disc. | | | \$ |
| Maintenance | | | \$ |
| Assignment | | | \$ |
| Other | | | \$ |
| | | 7 TOTAL AMOUNT OF REFUND | \$ |
| | | 8 TO BE REFUNDED BY: | |
| 10 REASON: | Treasury Check | | |
| Overpayment | Credit Deposit A/C #: | | |
| Duplicate Payment | 9 <input type="text"/> <input type="text"/> <input type="text"/> -- <input type="text"/> <input type="text"/> <input type="text"/> | | |
| No Fee Due (Explanation): | | | |
| 11 REFUND REQUESTED BY: | | | |
| TYPED/PRINTED NAME: | | TITLE: Repin. Ref: 07/29/2005 WILKINSON 0811572406 Date: 10/11/02 Name/Number: 10527438 PHONE: 4250-06 CR | |
| SIGNATURE: | | | |
| OFFICE: ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | |
| APPROVED: | | DATE: | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B